PTO/SB/22 (12-04)

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ETITION FOR EXTENSION OF TIME UND	Docket Number (Optional) TRIRG-08851US0				
EV 2005					
(Fees pursuant to the Consolidated Appropriations	s Act, 2005 (H.K. 4616).]	Filed Oct	ober 30, 2001		
pplication Number 10/021,	Intelligent Object Build				
or 2175	Intelligent Object Build	Examiner Rones, Charles			
rt Unit 2175			ne above identified		
t Unit  nis is a request under the provisions of 37 CFR oplication.	1.136(a) to extend the per	and enter the appropria	ate fee below):		
pplication. The requested extension and fee are as follows	(cneck time period desired	Small Entity Fee			
One month (37 CFR 1.17(a)(1))	<u>1 ee</u> \$120	\$60	\$		
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 510.00		
Three months (37 CFR 1.17(a)(3))	)	\$510	\$		
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$		
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$		
Applicant claims small entity status. See 33	7 CFR 1.27.				
A check in the amount of the fee is en					
Payment by credit card. Form PTO-20  The Director has already been author	:d to aborgo fees in thi	s application to a De	posit Account.		
The Director has already been author	ized to charge recommon	ov be required. Or CIE	edit any overpayment, to		
The Director is hereby authorized to c	harge any fees which it	ave enclosed a dupli	cate copy of this sheet.		
Deposit Account Harris of	ecome public. Credit card inf	ormation should not be	included on this form.		
WARNING: Information on this form may be Provide credit card information and authori			61		
	01/06/2005 MBE		10.00 OP		
I am the applicant/inventor.		7 CED 3 71			
assignee of record of the	he entire interest. See 3 7 CFR 3.73(b) is enclose	u (i oiiii /			
Statement under 57	cord. Registration Numb	er33,809	<u></u>		
1 1 1	Į.				
attorney or agent under Registration number if a	acting under 37 CFR 1.34				
1 01/		1-	-3-2005		
Signature			Date		
Larry E. V	Vierra		59-9660 		
Typed or printed n	name		elephone Number		
NOTE: Signatures of all the inventors or assignees of rec	and of the entire interest or their re	presentative(s) are required. S	Submit multiple forms if more than		
NOTE: Signatures of all the inventors or assignees of rec signature is required, see below.	i e				
•	forms are submitted.		e public which is to file (and by the		

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to uspect of the USPTO. Time will vary depending upon the individual case. Any complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any complete, including gathering, preparing, and submitting the completed application for reducing this burden, should be sent to the Chief Information Officer, comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, comments of the USPTO. The public which is to fill the complete this form and of the USPTO. The public which is to fill the complete this form and of the USPTO. The public which is to fill the complete the complete this form an

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FEE TRANSMITTAL For FY 2005  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 510  METHOD OF PAYMENT (\$) 510  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number, 501826 Deposit Account Number, 501826 Deposit Account Number, 501826 Deposit Account Number (so indicated below Charge fee(s) indicated below Under 37 CFR 1.16 and 1.17  WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FILING FEES FILING FEES FILING FEES FILING FEES FILING FEES SEARCH FEES SEARMINATION FEES FILING FEES SEARCH FEES SE		ive on 12/08/200		,	Complete if Known						
FIGURATION STATE S	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number	10/021,	10/021,661					
Examiner Name Rones, Charles  Art Unit 2175  Art Un	FEE IRANSMIITAL		Filing Date	Octobe	October 30, 2001						
Art Unit   2175   Altomory Docket No.   TRIRG-08851US0	For FY 2005		First Named Invento	r Wucher	Wucherer						
Art Unit   2775   Attorney Docket No.   TRIRG-08851USD	Applicant claims small	ontity status	Soc 27 CED 1 27	Examiner Name	Rones,	Charles					
METHOD OF PAYMENT (check all that apply)				Art Unit	·····						
Check	TOTAL AMOUNT OF PAYE	/IENT (\$)	510	Attorney Docket No	TRIRG-	08851US0		<i>_</i>			
Deposit Account   Deposit Account Number   501826   Deposit Account Name   Deposit Name   Deposit Account Name   Deposit Name   Deposit Account Name   Deposit Name   D	METHOD OF PAYMENT	Γ (check all t	hat apply)			- '					
Deposit Account   Deposit Account Number   501826   Deposit Account Name   Deposit Name   Deposit Account Name   Deposit Name   Deposit Account Name   Deposit Name   D	Check Credit C	Card $\square_{\widetilde{M}}$	onev Order	ione Other (pleas	e identify):						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments	Deposit Account Deposit Account Number: 501826  Deposit Account Name Vierra Magen Marcus Harmon & DeNiro LLP										
Charge any additional fee(s) or underpayments of fee(s)  WARNING: Information on this form may become public. Credit card information ahould not be included on this form. Provide credit card information and authorization on PTC-0308.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARCH FEES SEARCH FEES Small Entity Application Type Fee(s) Fee(											
Charge any additional fee(s) or underpayments of fee(s)											
WARNINGS: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION											
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SEARCH FEES   SEARCH FEES   SEARCH FEES   SEARCH FEES   Small Entity   Fee (\$)   Fee					<del>.</del>						
Name	1. BASIC FILING, SEAR				ZAMINATIO	NICEES					
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2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25  Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 100  Multiple dependent claims								_			
Fee   S   Fee   S			100	0 0	0	0 -					
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$) Multiple Dependent Claims  Pee (\$) Fee Paid (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof fee (\$) Fee Paid (\$)  — 100 =/50 =(round up to a whole number) x = 0  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other: 3 mo. Extension fee  Registration No. (Attomey/Agent) 33,809  Telephone 415-369-9660		3					Fee (\$)				
Multiple dependent claims  Total Claims  Extra Claims  Pee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  HP = highest number of independent claims paid for, if greater than 3  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof Fee (\$)  - 100 =	Each claim over 20 or, fo										
Total Claims    Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims    -20 or HP =			r Reissues, each ind	ependent claim more	than in the o	riginal patent		E E			
- 20 or HP = x = 0 Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims	• •		Foo (\$) : F	oo Doid (\$) M	ultinla Danan	dont Claima	360	180			
HP = highest number of total claims paid for, if greater than 20  Indep. Claims  - 3 or HP = x = 0  HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) x = 0  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other: 3 mo. Extension fee  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Telephone 415-369-9660		<u>Extra Ciaims</u>					(\$)				
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APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  Eees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other: 3 mo. Extension fee  Registration No. (Attorney/Agent) 33,809  Telephone 415-369-9660											
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  Eees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other: 3 mo. Extension fee  Registration No. (Attomey/Agent) 33,809  Telephone 415-369-9660	3 or HP = _ HP = highest number of indep	endent claims p	x = <u>U</u> aid for, if greater than 3	<del></del>							
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Other: 3 mo. Extension fee 510.00  SUBMITTED BY  Signature Registration No. (Attorney/Agent) 33,809  Telephone 415-369-9660	· · · · · · · · · · · · · · · · · · ·										
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(Attomey/Agent) 33,809 Toophone 415-369-9660	SUBMITTED BY	2.01/1	<u> </u>	Registration No.		Telephono	445.005				
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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.